Only

PAGE 1 / 8 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alek for Oregon PO Box 347 ADDRESS (number and street) (Check if address is changed) Winchester OR 97495 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address skarlatos@cc.electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.alekfororegon.com (Check if address is changed) DATE 09 2022 C00715854 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 08 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate Skarlatos, Alek, , ,	
	Party Affiliation REP Sought: House Senate President	State OR strict 04
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	l or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Rev	iced 02/2000\	Page 3
V	Vrite or Type Committee	· · · · · · · · · · · · · · · · · · ·	raye 3
-	Alek for Ore		
6.	Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representa PAC Supporting Tiffany Smiley and Alek Skarlatos	ative, or Leadership PAC Sponsor
	Mailing Address	PO Box 26141	
	J		
		Alexandria VA	22313
		CITY ▲ STATI	E ▲ ZIP CODE ▲
	Relationship: Conn	nected Organization Affiliated Organization X Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the p	person in possession of committee
	Hank	rins, Brenda, , ,	
	Full Name		
	Mailing Address	PO Box 26141	
		Alexandria	22313
		CITY ▲ STATI	E ▲ ZIP CODE ▲
	Title or Position ▼	5111 = 511111	211 0052 -
	Assistant Treasurer	Telephone number	
8.		ne and address (phone number optional) of the treasurer of the comm (e.g., assistant treasurer).	nittee; and the name and address of
	Full Name Mars	ston, Chris, , ,	
	of Treasurer		
	Mailing Address	PO Box 26141	
		Alexandria	A
	Title or Position ▼	CITY ▲ STATI	E ▲ ZIP CODE ▲
	Treasurer		

FEC Form 1 (Revis	ed 02/2009)		Page 4		
Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone number			
Banks or Other Depos safety deposit boxes or	itories: List all banks or other depositories in w maintains funds.	rhich the committee deposits func	ls, holds accounts, rents		
Name of Bank, Deposito	ory, etc.				
Eag	le Bank				
Mailing Address	7815 Woodmont Ave				
	Bethesda	MD L	20814		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Ump	oqua Bank				
Mailing Address	6610 SW Cardinal Ln				
	Tigard	OR	97224		
	CITY ▲	STATE ▲	ZIP CODE ▲		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

or(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrair Skarlatos Victory 2022	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 23696		
	Tigard	OR	97281
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	undraising Representa	tive Leadership PAC Spons
Designated Agents Identifi	y by name address (phane number antique)		
Designated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main	CITY CITY Tele ries: List all banks or other depositories in which the aintains funds. Bank & Trust	STATE ▲	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, Evolve	CITY CITY Tele Treies: List all banks or other depositories in which the aintains funds.	STATE ▲	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail safety deposit boxes or mail safety depository, etc.	CITY CITY Tele Tele	STATE A	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail safety deposit boxes or mail safety depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the aintains funds. Bank & Trust	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

Page ___ **of** ___

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Skarlatos for OR-	·04 2022		<u> </u>
			<u> </u>
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds. Bridge Bank NA	Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee X Joint		Leadership PAC Sp
Connected esignated Agent: Identify	Organization Affiliated Committee X Joint		Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee X Joint		Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee X Joint		Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Affiliated Committee Joint by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee	Fundraising Representa	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	Affiliated Committee Substitute Affiliated Committee Substitute Substitute Substitute Affiliated Committee Substitute Substitute	Fundraising Representa	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Wells Fepository, etc.	Affiliated Committee by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which intains funds. Fargo Bank	Fundraising Representa	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(a)	or(h). Joint Fundraising	ı Participant:				
O(g)	1.	,		FEC ID number	r C	
	2.			FEC ID number	r C	
				FEC ID number	r C	
	3.					
	4.			FEC ID number	r C	
6.	Name of Any Connected ONRCC OREGON		ommittee, Joint Fun	draising Representat	ive, or Leadership PAC	C Sponsor
	Mailing Address	320 1ST STREET, SE				
		WASHINGTON		DC	20003	
	Relationship:	C	ITY 🛦	STATE	▲ ZIP COI	DE 🛦
	Connected	Organization Affiliated	Committee X Joi	nt Fundraising Represe	entative Leadership	PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone	number - optional)			
	Full Name					
	Mailing Address					
		1		1 1	I I I_	
	TITLE OF POSITION		Y 🛦	STATE A	ZIP CODE	·
	TITLE OR POSITION	CIT	ı	STATE A	ZIP CODE	A
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other		Telephone Number		
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	ies: List all banks or other		Telephone Number		
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other		Telephone Number		
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other		Telephone Number		